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WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

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GUY P. JONES
EDITOR

Fewer Mothers
Die in Childbirth.

Fewer maternal deaths occur in California each year, but there are still far too many deaths from puerperal causes, many of which can be prevented. It is encouraging to note that puerperal septicemia has been reduced by 20 per cent in the past five years. There should be a much greater reduction in the number of deaths from this cause as well as from other causes in the list published below.

DEATHS FROM PUERPERAL CAUSES.

Specific Puerperal	1926	1925	1924	1923	1922
Accidents of pregnancy	131	122	118	132	120
Puerperal hemorrhage	42	50	48	63	43
Other accidents of labor	50	88	68	61	77
Puerperal septicemia	80	96	85	113	100
Puerperal phlegmasia, alba dolens, embolus, sudden death	23	14	20	13	17
Puerperal albuminuria and convulsions	87	107	105	111	124
Following childbirth, not otherwise defined	15	13	9	14	9
Puerperal diseases of the breast	—	—	—	—	1
Total deaths from puerperal causes for each year	428	490	453	507	491

Supervisor, Crippled
Children, Appointed.

Miss Winifred Tougas has been appointed Supervisor, Crippled Children, under the provisions of the Crippled Children Act of the last legislature. Miss Tougas has had many years of experience with crippled children. She served under the Harvard Infantile Paralysis Commission for two and a half years and was for four years connected with the Minnesota State Board of Health, where she was engaged in searching out, examining and following up cases of paralysis resulting from acute poliomyelitis. She was associated for five years with the Robert B. Brigham Hospital in Boston, Massachusetts, whence she came to the California State Department of Public Health, beginning her new duties October first.



It is the maintenance of health, rather than mere longevity, to which we should aspire. Life itself is worth little when our usefulness has ceased. By making health, rather than sustained existence, our goal we build not only for a longer life, but for a fuller and richer one as well. This is the ultimate ideal of public health.

Suicide in California.

The suicide rate for California has always been higher than for most other states. The exact reason for the high rate is not known. The migration of invalids to California is undoubtedly a factor, and the migration of large numbers of casual laborers who are past middle age is probably another factor in the production of this high rate. More suicides occur in the cities than in the rural districts, and during recent years the suicide rates for the smaller cities of the state have become higher than the same rates for San Francisco and Los Angeles. For many years the San Francisco rate has been exceptionally high; for several years, in fact, that city had the highest rate of any city in the United States.

Sacramento and San Diego had higher rates than either of the metropolitan cities. In fact the Sacramento and San Diego suicide rates for 1925 are, according to Frederick L. Hoffman, statistician, the highest suicide rates for any cities in the United States. Other cities having comparatively high rates in 1925 were, Atlantic City, New Jersey, 35.3; Dallas, Texas, 25.1; Denver, Colorado, 25.6; Spokane, Washington, 26.6; Seattle, Washington, 22.8; Tampa, Florida, 22.5 and Los Angeles 21.6.

The suicide rate for the United States in 1925 was 12.1 per 100,000 population. This rate was lower than that for many other countries such as, Hungary, 22.8; Switzerland, 21.9; Germany, 21.4; Austria, 21.2; Japan, 19.3; Sweden, 14.0; Denmark, 13.9. Our rate for 1925 was about the same as that for New Zealand, 12.3; and Uruguay, 12.9; but higher than Australia, 10.0; Finland, 10.4; England and Wales, 9.7; Italy, 7.8; The Netherlands, 6.7; Scotland, 6.0 and Spain 3.9.

Suicide by firearms is the most popular method of self-destruction in California. More individuals have killed themselves by means of firearms in this state, during the past five years, than by any other method. The next most common way is by poisonous gas followed by solid or liquid poison, hanging, and by use of cutting or piercing instruments, each in the order named. During the past five years, the suicide rate in California has ranged from 25.5 per 100,000 population in 1922, to 27.7 per 100,000 population in 1926.

Statisticians, such as Dr. Louis I. Dublin and Dr. Frederick L. Hoffman, state that the suicide statistics do not

justify recent comments regarding the alleged suicide epidemics which were aroused by the wide publicity given to student suicides in the first part of this year. Dr. Dublin has shown, in fact, that the general trend of suicide rates for all age groups in the ten original registration states has been downward ever since 1909. Dr. Dublin states that the death rates for suicide have been decreasing at all ages, but that the rate of decrease has been different for the various age groups, and more favorable, relatively, in the younger ages. There is nothing to indicate in the California statistics that there is any increase in suicides among those individuals who are from ten to nineteen years of age.

It must be admitted, however, that the suicide rate for California, and particularly for California cities is exceptionally high. The same is true, to a certain extent, for most Pacific coast cities. To determine the exact cause of these high rates would require extended and elaborate research. At the present time, we are able only to guess at the factors that may be involved. At all events, suicide is a phenomenon and can not be considered as a normal act. The fact that 1118 individuals committed suicide in California last year, brings the problems associated with the causes of suicide to a point where the matter demands attention. In some of the cities of the state, it will be noted, that there was an average of almost one suicide during each week of last year. Self-preservation is one of the strongest inherent instincts, and the factors that are powerful enough to destroy this strong instinct surely should be known, and steps should be taken to counteract them, if possible.

DEATHS DUE TO SUICIDE.

California, 1922-1926.

<i>Suicide by Specific Means</i>	1926	1925	1924	1923	1922
Suicide by solid or liquid poison----	193	169	217	163	165
Suicide by corrosive substances--	6	4	10	2	3
Suicide by poisonous gas-----	231	228	184	177	124
Suicide by hanging or strangulation--	133	120	117	117	89
Suicide by drowning-----	51	61	40	45	46
Suicide by firearms	387	402	397	398	390
Suicide by cutting or piercing instruments-----	75	76	73	61	66
Suicide by jumping from high places	25	32	33	22	21
Suicide by crushing-----	6	7	11	7	11
Other suicides---	11	10	8	9	8
Total suicides for each year----	1,118	1,109	1,090	1,001	923
Rates per 100,000 population-----	27.7	27.5	27.8	26.3	25.5

SUICIDES IN SIX CALIFORNIA CITIES,
1926.

City	Number of Suicides	Rate per 100,000 Population
Sacramento -----	34	42.1
San Diego -----	48	48.9
San Francisco -----	199	35.1
Oakland -----	61	23.4
Los Angeles -----	283	37.9
California -----	1,118	27.1

"Ah! what avail the largest gifts of Heaven,
When drooping health and spirits go amiss?
How tasteless then whatever can be given!
Health is the vital principle of bliss,
And exercise of health."

THOMSON—Castle of Indolence.

MORBIDITY.*

Diphtheria.

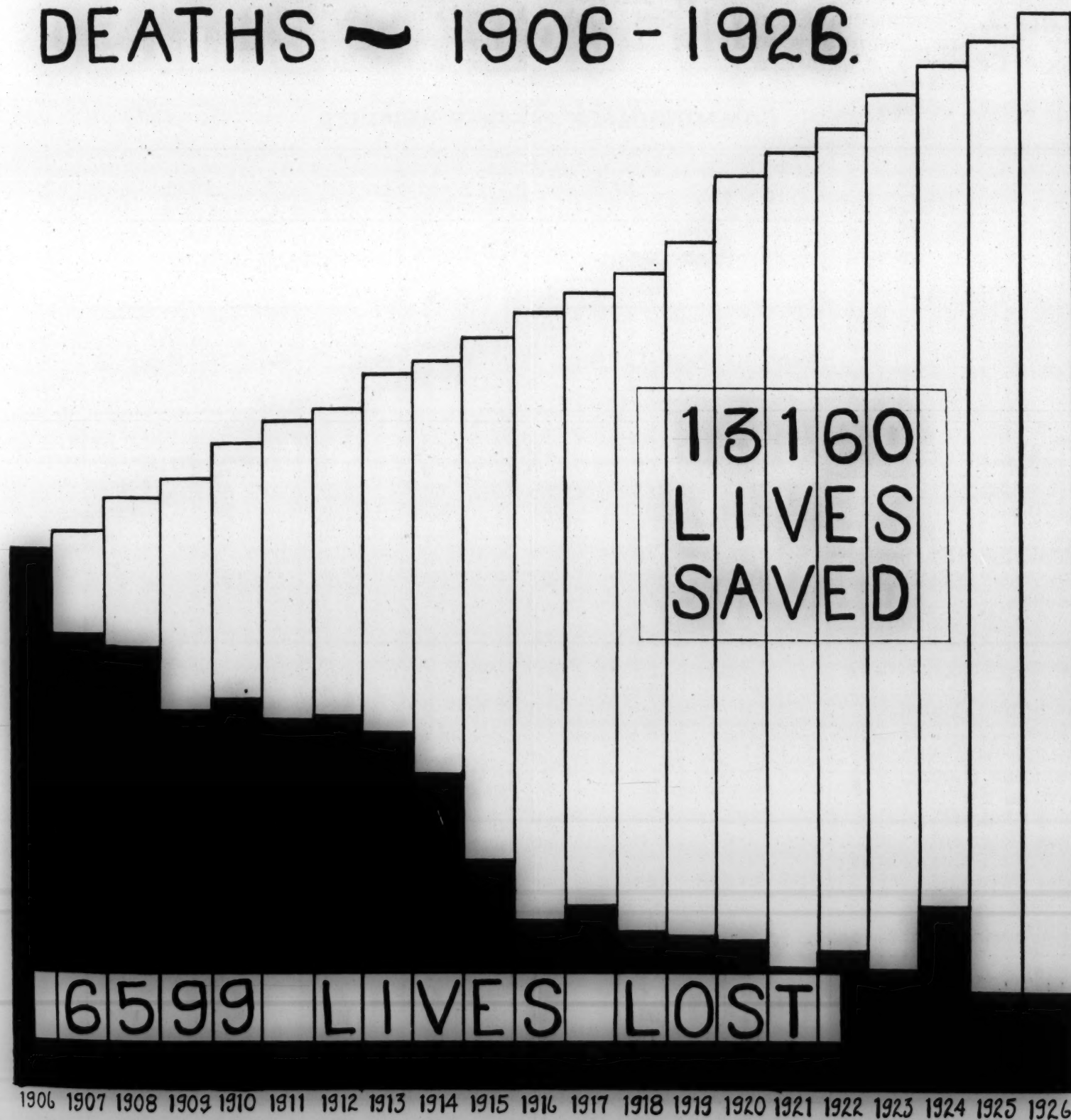
88 cases of diphtheria have been reported, as follows: Alameda County 1, Alameda 1, Berkeley 3, Oakland 18, Richmond 2, El Dorado County 1, Fresno County 1, Los Angeles County 8, Compton 2, Huntington Park 2, Los Angeles 18, Pasadena 1, Whittier 1, Torrance 1, Napa 4, Anaheim 1, Orange 1, Santa Ana 1, Sacramento 1, San Bernardino 2, San Francisco 11, Redwood City 1, Santa Clara 1, Watsonville 2, Tehama County 3.

Measles.

25 cases of measles have been reported, as follows: Berkeley 1, Oakland 1 San Leandro

*From reports received on October 3d and 4th for week ending October 1st.

CALIFORNIA TYPHOID FEVER DEATHS ~ 1906-1926.



The above chart shows, graphically, the number of deaths from typhoid fever in California since 1906. It also shows the number of such deaths that would have occurred had the typhoid fever death rate remained stationary.

1, Los Angeles 4, Santa Ana 1, Sacramento 1, San Francisco 9, Stockton 1, San Jose 1, Healdsburg 1, Dinuba 1, Tuolumne County 3.

Scarlet Fever.

73 cases of scarlet fever have been reported, as follows: Alameda 1, Albany 1, Berkeley 1, Oakland 7, Chico 1, Fresno County 3, Parlier 1, Los Angeles 14, Monrovia 1, Pomona 2, Redondo Beach 1, Whittier 3, Lynwood 1, Hawthorne 1, Anaheim 1, San Diego 7, San Francisco 10, Stockton 1, San Luis Obispo County 5, San Mateo 1, San Jose 1, Los Angeles County 3, Arcadia 2, Glendora 1, Huntington Park 2, Long Beach 1.

Smallpox.

8 cases of smallpox have been reported, as follows: Albany 1, Berkeley 2, Oakland 1, San Leandro 1, Long Beach 1, Sacramento 1, San Diego 1.

Typhoid Fever.

16 cases of typhoid fever have been reported as follows: Alameda County 1, Oakland 1, Fresno County 1, Imperial County 1, Los Angeles 1, Placer County 1, Riverside County 3, Sacramento County 1, San Francisco 1, San Joaquin County 2, Lodi 1, Tulare County 1, California 1.

Whooping Cough.

110 cases of whooping cough have been reported, as follows: Berkeley 4, Oakland 16, San Leandro 1, Lemoore 1, Los Angeles County 5, Compton 1, Huntington Park 1, Long Beach 3, Los Angeles 12, Monrovia 1, Pasadena 1, Ukiah 3, Anaheim 1, Sacramento 1, San Diego 23, San Francisco 14, San Joaquin County 8, Stockton 4, San Jose 4, Sonoma County 1, Petaluma 5.

Poliomyelitis.

46 cases of poliomyelitis have been reported, as follows: Albany 1, Hayward 2, Oakland 4, San Leandro 1, Chico 1, Fresno 2, Humboldt County 1, Eureka 1, Kings County 1, Los Angeles County 5, Glendale 1, Long Beach 1, Los Angeles 6, Monrovia 1, Pasadena 1, San Rafael 1, Mendocino County 2, Nevada County 1, Orange County 1, Fullerton 1, Placer County 1, San Diego 2, San Francisco 1, San Joaquin County 1, Stockton 1, San Luis Obispo 1, San Mateo 1, Red Bluff 1, Exeter 1, California 1.

Meningitis (Epidemic).

San Diego reported one case of epidemic meningitis.

Encephalitis (Epidemic).

Los Angeles reported two cases of epidemic encephalitis.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending Oct. 1 received by Oct. 4	Week ending			Reports for week ending Oct. 2 received by Oct. 5
	Sept. 10	Sept. 17	Sept. 24		Sept. 11	Sept. 18	Sept. 25	
Anthrax.....	0	0	0	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	28	84	36	62	48	60	80	77
Diphtheria.....	92	91	66	88	62	78	175	97
Dysentery (Bacillary).....	1	1	0	1	1	1	4	2
Encephalitis (Epidemic).....	1	3	1	2	1	3	2	2
Gonococcus Infection.....	102	82	93	95	84	135	94	107
Influenza.....	5	10	5	12	5	8	22	19
Jaundice (Epidemic).....	0	3	0	0	0	0	0	0
Leprosy.....	0	1	0	0	0	1	0	0
Malaria.....	4	6	1	2	1	9	0	0
Measles.....	24	40	46	25	186	254	329	375
Meningitis (Epidemic).....	3	4	6	1	2	2	2	4
Mumps.....	34	53	66	45	53	104	85	109
Paratyphoid Fever.....	1	1	0	2	2	0	0	3
Pneumonia (Lobar).....	18	54	32	22	25	25	52	25
Poliomyelitis.....	70	79	55	46	9	12	4	5
Rabies (Animal).....	5	4	9	5	14	6	7	6
Rabies (Human).....	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	50	85	82	73	67	74	99	105
Smallpox.....	6	7	11	8	10	1	4	4
Syphilis.....	159	162	158	134	84	191	100	106
Tetanus.....	2	1	1	2	2	3	2	1
Trachoma.....	1	2	1	4	3	3	10	14
Trichinosis.....	0	0	0	0	0	0	0	0
Tuberculosis.....	121	161	205	139	137	135	134	140
Typhoid Fever.....	14	14	28	16	21	28	20	17
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	82	161	80	110	53	70	71	43
Totals.....	823	1109	982	894	870	1203	1296	1261

CALIFORNIA STATE PRINTING OFFICE